

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2003)

1. Type of Submission

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Application

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Preapplication

2. Date Submitted

5/30/2003

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

M-03-DC-06-0532

7. Applicant's Legal Name

County of San Bernardino

8. Organizational Unit

Department of Economic and Community Development

9. Address (give city, county, State, and zip code)

A. Address 290 North "D" Street, Sixth Floor

B. City: San Bernardino

C. County: San Bernardino

D. State: CA

E. Zip Code 92415-0040

10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Thomas R. Laurin

B. Title: Director

C. Phone: (909) 388-0808

D. Fax: (909) 388-0820

E. E-mail: tlaurin@ecd.sbcounty.gov

11. Employer Identification Number (EIN) or SSN

95-6002748

12. Type of Applicant (enter appropriate letter in box)

B

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

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New

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Continuation

☐

Renewal

☐

Revision

If Revision, enter appropriate letters in box(es)

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A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

15. Catalog of Federal Domestic Assistance (CFDA) Number

14-- 239

Title: HOME Investment Partnerships Act Program

Component Title:

16. Descriptive Title of Applicant's Program:

HOME Program Rental Property Rehabilitation/Refinance, Tenant-Based Rental Assistance, Homeownership Assistance Program, and Acquisition, Rehab and New Housing Development Construction through Community Housing Development Organizations (CHDO's)

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) San Bernardino County HOME Consortium including 16 cooperating cities.

18a. Proposed Program start date

7/1/2003

18b. Proposed Program end date

6/30/2004

19a. Congressional Districts of Applicant

25, 26, 41, 42, 43

19b. Congressional Districts of Program

25, 26, 41, 42, 43

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

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This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____

B. No

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Program is not covered by E.O. 12372

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Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

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No

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Yes If "Yes," explain below or attach an explanation.

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